

Alaska Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
**GUARDIAN/CONSERVATOR SECTION**  
P.O. Box 110806, Juneau, AK 99811-0806  
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Phone: (907) 465-2695 ★ E-mail: [license@commerce.state.ak.us](mailto:license@commerce.state.ak.us)  
Website: [www.commerce.state.ak.us/occ/pgco.htm](http://www.commerce.state.ak.us/occ/pgco.htm)

## INDIVIDUAL PRIVATE PROFESSIONAL CONSERVATOR LICENSE APPLICATION PACKET

AS 08.26.010 states: "Except as provided by AS 08.26.180, a person may not engage in the business of providing services as a guardian or a conservator unless the person has a license issued under this chapter." NOTE: An applicant may apply for separate guardian and conservator licenses. However, under AS 13.26.150(c)(6), the scope of practice of a guardian includes the powers and duties of a conservator. Therefore, separate licenses may not be required.

### GENERAL INSTRUCTIONS

If you received this application other than directly from the division or its official website, the application may be outdated or not an official version. To ensure you have the official version, please contact the division. Please read the application and all the instructions carefully. It is the applicant's responsibility to completely and accurately fill out the application and submit all required supporting documents. Unless otherwise noted, all documents must be originals. It is also the applicant's responsibility to request official transcripts and original verifications of work experience or licensure, as applicable, to be sent to the division's office. If the supporting documents show a name other than the one on the application (e.g., because of marriage, divorce, or any other reason), include an explanation and a certified true copy of the document that supports that change (e.g., marriage certificate, divorce decree, court order of name change, etc.). Incomplete or incorrect documents will be returned and will cause delays in processing the application. Please type or print all requested data. If space for any answer is insufficient, use an additional sheet and specify the question to which it relates.

### APPLICATION INSTRUCTIONS

The following documents and fees must be on file with the division before the file will be reviewed:

1. APPLICATION – completed, signed, and notarized. The applicant must be at least 21 years of age as shown on the signed and notarized application. An applicant with a "yes" answer to the professional conduct question must submit a separate written, signed and dated explanation and provide copies of any supporting documents.
2. FEES – make check or money order payable to the State of Alaska.  
Nonrefundable application fee \$50                      Conservator license fee \$450  
Fingerprint processing fee \$59 – If an individual is applying for multiple licenses at the same time, only one set of two cards and one \$59 fee are needed for that applicant.
3. FINGERPRINT CARDS – Submit two original 8" x 8" cards provided by the State of Alaska (incorrect cards will be automatically rejected). All applicable personal information must be completed in accordance with the separate instruction sheet regarding the fingerprint cards. Also, ensuring that the prints are properly rolled will avoid delays because of rejection and the need for resubmission of cards.
4. EDUCATION/EXPERIENCE – An official transcript sent directly from school attended verifying at least an associate degree in accounting, or a closely related field; **OR**  
VERIFICATION - of six months or more of employment experience in a position involving financial management (p. 4).
5. CERTIFICATION - Copy of current certification by a nationally recognized organization in the field of guardianships.
6. PROOF OF BONDING AND INSURANCE – in the form of an original bond, original certificate of insurance, or letter from an insurance agency confirming the individual's ability to be bonded and insured.
7. RESUMES – Detailed resumes, including relevant experience, for each employee and contractor of the applicant who may provide services to a ward or protected person.
8. VERIFICATION OF LICENSE – Verification of license form (p. 5) from each state, territory, or country in which the applicant holds or has held a license to practice as a professional conservator. Make additional photocopies, if necessary.
9. RELEASE – Completed Authorization for Release of Records form (p. 6).

## OTHER FEES

Wall certificate (suitable for framing), with initial application or subsequent written request.....	\$20
Duplicate license fee (with written request).....	\$ 5
Verification of licensure to another state (with written request).....	\$20
Returned check fee.....	\$20
Address change (must be in writing).....	no fee

## GENERAL INFORMATION

**APPLICATION PROCESSING** - The amount of time it takes to process the application varies, depending on when all complete and correct documents and fees are received by the division. If the application is incomplete, the applicant will be notified of incomplete and/or incorrect documents and fees. If both fingerprint cards are acceptable and classifiable, reports may be received from DPS and the FBI within two to three months. Cards rejected for any reason will necessitate resubmission and will cause delays. When the application is complete and correct and both fingerprint reports have been received and, if applicable, any other requirement is satisfied, a license will be issued and sent to you with an accompanying cover letter with further information about Alaska statutory requirements. If the application is not approved for licensure, a written explanation of the basis of that denial and information on how to appeal the decision will be provided.

**SOCIAL SECURITY NUMBERS** - AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed. If you do not have a U.S. Social Security Number, please complete the "Request for Exception from Social Security Number Requirement" form located at [www.commerce.state.ak.us/occ](http://www.commerce.state.ak.us/occ) OR contact the division for a copy of the form.

**PAYMENT OF CHILD SUPPORT** – Alaska Statute 25.27.244 requires the Division of Corporations, Business and Professional Licensing to deny issuance of the professional or occupational license of any person reported by the Alaska Child Support Services Division (CSSD) as not in substantial compliance with a child support order. If this office is notified by CSSD that you are not in substantial compliance with a child support order, you may be issued a nonrenewable, temporary license valid for 150 days. The 150-day temporary license period is your opportunity to work with CSSD to obtain a release. If you have questions regarding the status of your child support obligation, you may contact CSSD at 1-800-478-3300 or (907) 269-6963 to resolve payment issues.

**LICENSE TERM** – Licenses are issued for a two-year period. However, all conservator licenses expire December 31 of even-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be mailed at least 30 days before license expiration to the last known address of record.

**ADDRESS OR NAME CHANGE** - In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the division, in writing, of changes of address or name. Name and address change notification forms are available on the division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

**ABANDONMENT** - Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice and the application fee is forfeited. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of license and other fees paid. If no request for refund is received, all fees are forfeited.

**DENIAL OF APPLICATION** – Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

**STATUTES AND REGULATIONS** – The complete set of statutes and regulations for this program is available on the division's website at [www.commerce.state.ak.us/occ/pgco.htm](http://www.commerce.state.ak.us/occ/pgco.htm). If you are unable to download the statutes and regulations, please contact the division and request a copy by mail.



**LICENSE HISTORY** – List all current and previous conservator licenses held in any state, territory, or country; have verifications completed by issuing agencies and sent directly to Alaska. If none, state N/A.

Jurisdiction	License #	Date of Issue	Status	By Examination/ Reciprocity

**NATIONAL CERTIFICATION** – If you hold a current certification from a nationally recognized organization in the field of guardianships, check ☐ yes here and submit a copy of your current certification.

TEMPORARY LICENSE – a nonrenewable temporary license, valid for one year, may be issued to an applicant who:

- (1) is not certified by a nationally recognized organization in the field of guardianships at the time of the application but is likely to become certified within one year from the date of the license, and otherwise satisfies the licensing requirements of AS 08.26.020, and
- (2) satisfies the requirements of AS 08.26.060.

An applicant who has been issued a temporary license may receive a permanent license, without requiring a new application, within one year from the date of issuance of the temporary license if the applicant submits proof of certification by a nationally recognized organization in the field of guardianships.

Do you need a temporary license? ☐ Yes ☐ No

**BONDING AND INSURANCE** – Proof of the ability to be bonded and insured is required. (The statute does not give specifics regarding the type or amount of the bond.) Examples of what will be accepted include:

An original or copy of a bond and its power of attorney issued in the name of the applicant

An original or copy of a certificate of insurance issued in the name of the applicant

An original letter from an insurance company indicating that the insurance company will bond and/or insure the applicant.

**RESUMES** – If applicable, list each employee or contractor for whom you have oversight or some legal hiring authority, who may provide services to a ward or protected person. In accordance with AS 08.26.060(5), a detailed resume, including relevant experience is required and must be attached for each person listed below. If you have additional employees, please attach a separate page listing of the additional names. (\* If all resumes are not provided, your application will be considered incomplete.) If you have no employees or contractors, state “none.”

Employee or Contractor Name	Guardian or Conservator License Number	Resume Attached	
		YES	NO*
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**PROFESSIONAL CONDUCT QUESTION** - Within the past 10 years, have you been convicted of any criminal offense other than a minor traffic violation (convictions include, but are not limited to, "suspended imposition of sentence")?

☐ Yes      ☐ No

If yes, please provide a written, signed and dated explanation of the conviction, including date/location/disposition and provide copies of applicable court documentation. Disclosure of conviction is not an automatic ground for denial – each conviction will be reviewed on a case-by-case basis. Failure to disclose conviction information may be grounds for denial.

(The criminal history record checks under AS 08.26.070 must verify that you have not, within 10 years of the application, been convicted of a crime that would affect your ability to provide the services of a conservator competently and safely for the protected person.)

**WAIVER OF CONFIDENTIALITY** - By my signature below, in accordance with AS 08.26.060(3), I agree to allow the department to access at any time relevant complaint information made about me to adult protective services, the designated protection and advocacy agency, the long-term care ombudsman, or any entity that certifies or licenses private professional conservators.

**IMMEDIATE FILE ACCESS** - By my signature below, in accordance with AS 08.26.060(4), I agree to allow immediate access at any time to the department to the file of a ward or protected person and to financial information regarding myself, including corporate or other business records.

All information submitted with this application is considered public information unless required by state or federal law to remain confidential. If additional information of a confidential nature is required, you will be notified in writing. Licensee information, including mailing addresses, is available on the division's website at [www.commerce.state.ak.us/occ](http://www.commerce.state.ak.us/occ) under "Professional License Search."

I CERTIFY and declare that I am the person referred to in the application above and that the information contained in this application is true and correct to the best of my knowledge and that all credentials supplied by me are true and correct. I understand that any false information or falsification of credentials may result in failure to obtain, or subsequent revocation of, a license to practice as a private professional conservator in Alaska.

**SIGN HERE**



\_\_\_\_\_  
Signature of Applicant

SUBSCRIBED AND SWORN TO before me on

\_\_\_\_\_ (date).

(NOTARY SEAL)

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**WARNING:** The Division of Corporations, Business and Professional Licensing may deny, suspend, or revoke the license of a person who has obtained or attempted to obtain a license to practice by fraud or deceit. The person may also be subject to criminal charge for perjury or unsworn falsification. (AS 11.56.210 and .230.)

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## VERIFICATION OF WORK EXPERIENCE FOR INDIVIDUAL PRIVATE PROFESSIONAL CONSERVATOR LICENSE

**Instructions to Applicant:** If you are applying based on financial management employment experience (see AS 08.26.030(3)), complete only the top portion of this form and have your present or former employer complete the lower half of this form. If you are the sole owner of your own company, have the form completed by an individual who has direct personal knowledge of your work experience while you were self-employed. (An applicant cannot complete this form on behalf of him- or herself.)

I, \_\_\_\_\_  
 Last Name First Middle Maiden/Other

I am applying for an Individual Private Professional Conservator License in Alaska, and I authorize you to release information as required on this form to the Alaska Division of Corporations, Business and Professional Licensing.

Address: \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**PLEASE DO NOT DETACH**

**Instructions to Employer or Other Individual:** The information below must be completed by a former or present employer or other individual who can verify the applicant's work history. Please return this form **directly to the Division of Corporations, Business and Professional Licensing** at the address above. The verification is not to be returned to the applicant.

Applicant's Name: \_\_\_\_\_ Applicant's Position/Title: \_\_\_\_\_

was employed at the \_\_\_\_\_  
(Name of Company)

Mailing Address: \_\_\_\_\_

City State ZIP Code

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Month Day Year Month Day Year

Does the applicant have six months or more of employment experience in financial management? ☐ Yes ☐ No

How are/were you associated with the applicant? \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name or Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street or P.O. Box	City	State	ZIP Code
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### AUTHORIZATION FOR RELEASE OF RECORDS

To Whom It May Concern:

I, \_\_\_\_\_

residing at \_\_\_\_\_

authorize the Alaska Division of Corporations, Business and Professional Licensing and its investigators to examine my medical, dental, employment, and education records, and any records pertaining to litigation, suits, judgments and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations which are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations considered appropriate by the division.

This release also applies to any documents or records which contain information pertaining to psychiatric, drug or alcohol evaluation, diagnosis, or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatment.

I request that upon presentation of this release, or a certified true copy of it, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with my application for initial issuance of a license as a private professional conservator. This authorization expires one year from the date of my signature below.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_